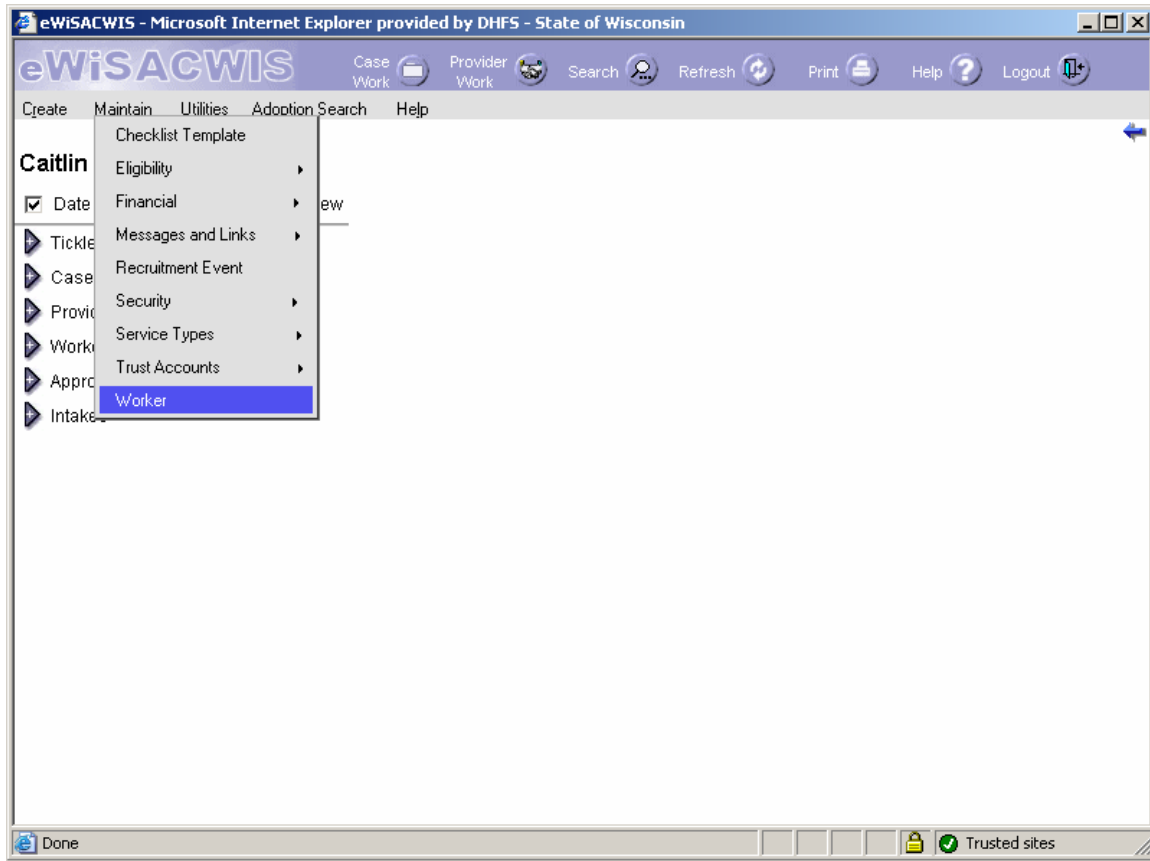


## Establish/Maintain Worker Record Supervisor's Guide

1. From the desktop, go up to Maintain > Worker.



2. On the Maintain Worker information page, click on the Search hyperlink next to the name field.

Maintain Worker Information - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWiSACWIS** Print Spell Check Help

**Worker**

Name:  [Search](#)

Worker ID:  [Opens the Worker Search](#)

**Current Position Information**

Start Date:  End Date:

Status:  Job Class:

☐ Medicaid Rep

Supervisor Name:  [Search](#)

**Worker Type**

☐ County  
☐ State  
☐ Vendor

**Languages**

**Report Access**

☐ All County Access ☐ Authorizer

**Social Worker Certification**

☐ Yes Status:

☐ No Effective Date:

**Location**

Employing Entity:  County/State:  Site/Office:  Unit:

Work Phone:  Home Phone:

Work Fax:  Email:

[Save](#) [Close](#)

Done Trusted sites

3. On the Search Person page, enter the name of the worker you wish to add.
4. If there is no match, select Create. This will open the person management record for the worker. Enter the applicable information on the Person Management window for this worker. Also, see the Quick Reference Guide on 'Person Management'.

Person Search -- Web Page Dialog

**eWiSACWIS** Print Spell Check Help

**Search Criteria**

Last Name: Worker First Name: Happy Person ID:

SSN:  DOB: 00/00/0000 Gender:

Street:  City:  ZIP Code:

☐ Incl. AKA Search Precision:  Sort By: Alpha

**Persons Returned**

**Validation Errors -- Web Page Dialog**

**You must correct the following errors before proceeding:**

- No matching data found for the criteria specified.

5. If there is a match, select the appropriate radio button next to the worker's name and select continue.

6. The Maintain Worker Window will now open with the worker name and eWiSACWIS ID pre-filled. The employee ID field is a user entered field. If the worker was known to the system, the last know information will pre-fill into the existing fields. If the worker is new to the system, the existing fields will be blank. For this example, we will use an existing worker. **A new worker should not be created in the system if there is one existing and linked to another county.**
7. The Current Position Information Group Box is user entered. Complete the Start Date field. The End Date field is not enabled unless the Status is Inactive. Job Class is a drop down value box. Only one value can be selected. Select the Medicaid Rep box if this person is responsible for making Medicaid determinations. The Supervisor Name will fill by using the Search hyperlink and selecting the appropriate supervisor. **The supervisor field needs to be updated if the worker transfers to a different supervisor and/or county.**
8. The Worker Type group box identifies if the worker is a state, county, or vendor employee.
9. The Language Group Box will allow up to 3 languages to be identified that the worker can speak.
10. The Report Access Group Box are view only boxes. The All County Access and Authorizer check boxes are accessible through ePASS.

11. The Social Worker Certification Group Box is used to document if the worker is licensed, the status of the license, and the effective date of the license.
12. The final group box is Location. The Employing Entity, County/State, Site/Office, and Unit are drop down values. These drop down fields are county specific. The remainder fields such as phone numbers and e-mail addresses are user entered fields. **These fields need to be updated if an existing worker in the system is hired by a different county.**
13. Use Save and Close to save the changes to the record.

Maintain Worker Information - Microsoft Internet Explorer provided by DHFS - State of Wisconsin

**eWISACWIS** Print Spell Check ABC Help ?

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**Worker**

Name: Frank Fox [Search](#)

Worker ID: 10065 Employee ID: 6776

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**Current Position Information**

Start Date: 09/01/2002 End Date: 00/00/0000

Status: Active Job Class: Ongoing Case Manager

☐ Medicaid Rep

Supervisor Name: Caitlin Cake [Search](#)

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**Report Access**

☐ All County Access ☐ Authorizer

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**Worker Type**

☐ County  
☐ State  
☒ Vendor

**Languages**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Social Worker Certification**

☐ Yes Status: \_\_\_\_\_  
☒ No Effective Date: 00/00/0000

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**Location**

Employing Entity: STATE-DHFS-DCFS-BMCW County/State: Milwaukee Site/Office: Milwaukee - Site 1 Unit: Out-Of-Home Services

Work Phone: (608)555-9999 Home Phone: \_\_\_\_\_

Work Fax: \_\_\_\_\_ Email: \_\_\_\_\_

[Save](#) [Close](#)

Done Trusted sites